CREDDENTIALING/PRIVILEGING FOR
RESIDENTS/FELLOWS MOONLIGHTING

I. PURPOSE
To address professional activities provided by physicians outside the scope of an ACGME approved graduate medical education programs.

II. SCOPE
This policy applies to resident and fellow house staff members in an approved graduate medical education training program.

III. EXCEPTIONS:
None

IV. DEFINITIONS
Moonlighting: Professional activities undertaken as a physician outside the scope of graduate medical education programs at IU Health

V. POLICY STATEMENTS
Appointment as a Moonlighter is contingent upon the resident/fellow being a house staff member in good standing in an approved graduate medical education program and being a duly licensed physician in the State of Indiana.

VI. PROCEDURES
A. An initial appointment application for medical staff membership must be completed, signed and include the following documentation/information from the resident/fellow:
   1. Copy of current Federal Drug Enforcement Administration (DEA) Certificate or a signed “Physician Acknowledgment for Prescribing Controlled Substances” form. The hospital DEA number may not be used for moonlighting activities.
   2. Name of Program Training Director who will provide a recommendation relevant to the resident/fellow’s training, experience and competence to fulfill moonlighting responsibilities. The Medical Staff Office will send a questionnaire and release of information to the Training Director.
3. Recent photograph, approximately 2 ½ x 3 ½ inches, head and shoulders, black and white or color, professional quality.
4. State photo identification, i.e. copy of drivers license or state ID card –
5. Consent and Disclosure Form, completed and signed for a background investigation.
6. Copy of current professional liability insurance designated for moonlighting activities
7. Authorization to Apply for Moonlighting Privileges form
8. Completion of Health Evaluation
9. Proof of Indiana License and CSR

B. The Medical Staff Services Office shall verify, from the primary source(s), medical licensure, education, and training. Primary source verification may include letter, internet, fax, email, or phone verifications.

C. Resident/Fellow shall sign an “Authorization and Release” form consenting to the inspection of records and documents pertinent to his or her licensure; evidence of specific training, experience, current competency; and authorization to disclose his/her photograph for purposes of identification.

D. The National Practitioner Data Bank (NPDB) will be queried prior to granting privileges.

E. A background investigation shall be conducted prior to granting privileges.

F. Upon receipt of all required documentation and completion of primary source verification, the initial appointment application shall be reviewed and recommended by the Service Chief/Co-Chief in the clinical service where privileges are requested.

G. Requests for Moonlighting Privileges shall be reviewed and recommended by the Credentials Committee and Medical Staff Executive Committee with final approval by the Board of Directors within thirty (30) days from receipt of all required documentation materials by the Medical Staff Services Office.

H. Residents/Fellows applying for Moonlighting privileges shall be appointed to the Provisional status of membership, with a category of Moonlighter, and shall remain in the Provisional status throughout the moonlighting appointment.

I. Privileges for Moonlighting shall be granted for a period not to exceed two (2) years. If during the two (2) years period the physician terminates his/her moonlighting appointment or does not maintain House Staff Membership in good standing in an Approved Graduate Medical Education program, Medical Staff membership shall be terminated. In the event of such termination, provisions of the bylaws, rules and regulations, and policies of IU Health and of the Medical Staff with respect to the physician’s right to hearings, appellate reviews, etc., in connection with such loss of membership, shall not apply.
J. A file shall be maintained for each resident/fellow approved for moonlighting privileges in the Medical Staff Services Office.

K. The resident/fellow, Training Program Director, and Service Chief/Co-Chief shall be advised in writing when medical staff membership is granted.

VII. CROSS REFERENCES
IU Health Credentials Manual

VIII. REFERENCES/CITATIONS
None

IX. FORMS/APPENDICES
None

X. RESPONSIBILITY
Credentials Committee
Medical Staff

XI. APPROVAL BODY
Medical Staff Executive Committee
Board of Directors

XII. APPROVAL SIGNATURES
Approved by:

__________________________________________________________________________  ___________
James A. Crossin, MD, Co-Chairman              Date
Credentials Committee

__________________________________________________________________________  ___________
Michael T. Johnson, MD, Co-Chairman             Date
Credentials Committee
XIII. **DATES**

Approval Date: December 2005  
Effective Date: December 2005  
Revision Dates: December 2008, June 2009, June 2012